

USDC - BALTIMORE  
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IN THE UNITED STATES DISTRICT COURT  
FOR THE DISTRICT OF MARYLAND

Jerome Gissenfänger  
8010 Spruce Run Court  
Ellicott City MD 21043

(Write the full name of each plaintiff who is filing this complaint. If the names of all the plaintiffs cannot fit in the space above, please write "see attached" in the space and attach an additional page with the full list of names.)

-against-

Amazon Logistic DBA Z  
7458 New Ridge Rd.  
HANOVER MD 21076

(Write the full name of each defendant who is being sued. If the names of all the defendants cannot fit in the space above, please write "see attached" in the space and attach an additional page with the full list of names.)

**Complaint for Employment  
Discrimination**

Case No. 22-cv-2650-MJP  
(to be filled in by the Clerk's Office)

Jury Trial: ☒ Yes ☐ No  
(check one)

**I. The Parties to This Complaint**

**A. The Plaintiff(s)**

Provide the information below for each plaintiff named in the complaint. Attach additional pages if needed.

Name	Jerome Gissentaner
Street Address	8610 spruce run Court
City and County	Ellicott City
State and Zip Code	Maryland 21043
Telephone Number	443-896-3497
E-mail Address	jeromegiss@outlook.com

**B. The Defendant(s)**

Provide the information below for each defendant named in the complaint, whether the defendant is an individual, a government agency, an organization, or a corporation. For an individual defendant, include the person's job or title (if known). Attach additional pages if needed.

Defendant No. 1

Name	_____
Job or Title (if known)	_____
Street Address	_____
City and County	_____
State and Zip Code	_____
Telephone Number	_____
E-mail Address (if known)	_____

## Defendant No. 2

Name The Hartford  
 Job or Title Disability Ins. Claim Company  
 (if known)  
 Street Address P.O. Box 14305  
 City and County Lexington  
 State and Zip Code KY 40512-4305  
 Telephone Number 866-587-4264  
 E-mail Address My Insured # 9005953651 I am attaching a letters for LTD Benfits  
 (if known)

## Defendant No. 3

Name \_\_\_\_\_  
 Job or Title \_\_\_\_\_  
 (if known)  
 Street Address \_\_\_\_\_  
 City and County \_\_\_\_\_  
 State and Zip Code \_\_\_\_\_  
 Telephone Number \_\_\_\_\_  
 E-mail Address \_\_\_\_\_  
 (if known)

*(If there are more than three defendants, attach an additional page providing the same information for each additional defendant.)*

**C. Place of Employment**

The address at which I sought employment or was employed by the defendant(s) is:

Name Amazon Logistics DBA2  
 Street Address 7458 New Ridge Road  
 City and County Hanover  
 State and Zip Code Maryland 21076  
 Telephone Number 240-706-5158

*Refuse to  
 Pay me my  
 Long Term Disability  
 because of letter  
 from Amazon  
 Back in March 2021*

## II. Basis for Jurisdiction

This action is brought for discrimination in employment pursuant to (*check all that apply*):

- ☐ Title VII of the Civil Rights Act of 1964, as codified, 42 U.S.C. §§ 2000e to 2000e-17 (race, color, gender, religion, national origin).

*(Note: In order to bring suit in federal district court under Title VII, you must first obtain a Notice of Right to Sue letter from the Equal Employment Opportunity Commission.)*

- ☒ Age Discrimination in Employment Act of 1967, as codified, 29 U.S.C. §§ 621 to 634.

*(Note: In order to bring suit in federal district court under the Age Discrimination in Employment Act, you must first file a charge with the Equal Employment Opportunity Commission.)*

- ☒ Americans with Disabilities Act of 1990, as codified, 42 U.S.C. §§ 12112 to 12117.

*(Note: In order to bring suit in federal district court under the Americans with Disabilities Act, you must first obtain a Notice of Right to Sue letter from the Equal Employment Opportunity Commission.)*

- ☐ Other federal law (*specify the federal law*):

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- ☐ Relevant state law (*specify, if known*):

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- ☐ Relevant city or county law (*specify, if known*):

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## III. Statement of Claim

Write a short and plain statement of the claim. Do not make legal arguments. State as briefly as possible the facts showing that each plaintiff is entitled to the damages or other relief sought. State how each defendant was involved and what each defendant did that caused the plaintiff harm or violated the plaintiff's rights, including the dates and places of that involvement or conduct. If more than one claim is asserted, number each claim and write a short and plain statement of each claim in a separate paragraph. Attach additional pages if needed.



A. The discriminatory conduct of which I complain in this action includes (check all that apply):

- ☐ Failure to hire me.
- ☒ Termination of my employment.
- ☐ Failure to promote me.
- ☒ Failure to accommodate my disability.
- ☐ Unequal terms and conditions of my employment.
- ☒ Retaliation.
- ☐ Other acts (specify): I wrote up people who didn't

(Note: Only those grounds raised in the charge filed with the Equal Employment Opportunity Commission can be considered by the federal district court under the federal employment discrimination statutes.) follow Covid buildings at this site

B. It is my best recollection that the alleged discriminatory acts occurred on date(s)

thru out my shifts from beging to End.

C. I believe that defendant(s) (check one):

- ☐ is/are still committing these acts against me.
- ☐ is/are not still committing these acts against me.

D. Defendant(s) discriminated against me based on my (check all that apply and explain):

- ☐ race \_\_\_\_\_
- ☐ color \_\_\_\_\_
- ☐ gender/sex \_\_\_\_\_
- ☐ religion \_\_\_\_\_
- ☐ national origin \_\_\_\_\_

☒ age. My year of birth is 1/26/1956. (Give your year of birth only if you are asserting a claim of age discrimination.)

- ☐ disability or perceived disability (specify disability)

just Referring back from Knee Replacement

**IV. Exhaustion of Federal Administrative Remedies**

- A. It is my best recollection that I filed a charge with the Equal Employment Opportunity Commission or my Equal Employment Opportunity counselor regarding the defendant's alleged discriminatory conduct on (date)
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- B. The Equal Employment Opportunity Commission (check one):

- ☐ has not issued a Notice of Right to Sue letter.  
☒ issued a Notice of Right to Sue letter, which I received on (date)
- 

(Note: Attach a copy of the Notice of Right to Sue letter from the Equal Employment Opportunity Commission to this complaint.)

- C. Only litigants alleging age discrimination must answer this question.

Since filing my charge of age discrimination with the Equal Employment Opportunity Commission regarding the defendant's alleged discriminatory conduct (check one):

- ☒ 60 days or more have elapsed.  
☐ less than 60 days have elapsed.

**V. Relief**

State briefly and precisely what damages or other relief the plaintiff asks the court to order. Do not make legal arguments. Include any basis for claiming that the wrongs alleged are continuing at the present time. Include the amounts of any actual damages claimed for the acts alleged and the basis for these amounts. Include any punitive or exemplary damages claimed, the amounts, and the reasons you claim you are entitled to actual or punitive money damages.

I Am Really not Sore. I love my job there I believe  
I could have worked there for the next 4 yrs. or at the  
age of 70. I made 33K in 2020. I miss out of Bonuses  
pay raises all the extra perks that Amazon pays good  
employees and I was a good Employee there. I love it.  
I could not understand why I was treated this way after all  
that I did for this ~~site~~ site. NEVER any trouble there  
manage 15-25 AA's there during Covid pandemic.



E. The facts of my case are as follows. Attach additional pages if needed.

(Age)

I WAS granted medical leave for a knee replacement in March of 2021. Paperwork was lost in February of 2021 by E.R.C which is part of Amazon. I was told on March 7<sup>th</sup> to do something that I physical couldn't do. Told to go home or call E.R.C to find out about my paperwork. After my surgery

A.

I returned back to my job only to be sent home again because the site couldn't accommodate me. When I was fully able to work a 10hr shift ~~at~~ I return back to the site and worked about 7 or 8 days and then was told that I was terminated for missing time from work back in March of 2021.

B.

I was a <sup>(Safety)</sup> Shift Asset Manager at Amazon. MASK up and six feet apart during the Covid (Retaliation) AS managers.

C -

I wanted to work I love my job there other AA with Issues but (why not me.

(Disability)



**VI. Certification and Closing**

Under Federal Rule of Civil Procedure 11, by signing below, I certify to the best of my knowledge, information, and belief that this complaint: (1) is not being presented for an improper purpose, such as to harass, cause unnecessary delay, or needlessly increase the cost of litigation; (2) is supported by existing law or by a nonfrivolous argument for extending, modifying, or reversing existing law; (3) the factual contentions have evidentiary support or, if specifically so identified, will likely have evidentiary support after a reasonable opportunity for further investigation or discovery; and (4) the complaint otherwise complies with the requirements of Rule 11.

**A. For Parties Without an Attorney**

I agree to provide the Clerk's Office with any changes to my address where case-related papers may be served. I understand that my failure to keep a current address on file with the Clerk's Office may result in the dismissal of my case.

Date of signing: 10/14, 2022

Signature of Plaintiff

Printed Name of Plaintiff

*Jerome Gissentaner*

Jerome Gissentaner

*I want to preserve my right to my claim  
still looking for legal attorney*  
(If more than one plaintiff is named in the complaint, attach an additional certification and signature page for each additional plaintiff.)

**B. For Attorneys**

Date of signing: \_\_\_\_\_, 20\_\_.

Signature of Attorney

Printed Name of Attorney

Bar Number

Name of Law Firm

Address

Telephone Number

E-mail Address